

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 129

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CURBY JENKINS

Mailing Address 654 EMILY LN.

City

HASLETT

State

MI

Zip Code

48840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LANSING ANESTHESIOLOGISTS,  
PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.98155

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES JENNINGS

Mailing Address 5406 CANNON MOUNTAIN WAY

City

LONGMONT

State

CO

Zip Code

80503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LONGMONT ANES ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.98453

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

AIDA JOINER

Mailing Address 870 SADDLEHILL RD.

City

ROSWELL

State

GA

Zip Code

30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATLANTA AMBUL SPEC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.98675

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

583.00

**TOTAL** This Period (last page this line number only) .....